IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Bassett, et al.

Examiner:

Temica M. Beamer

Serial No.:

10/042,046

Group Art Unit:

2617

Filed:

January 8, 2002

Docket No.:

AUS920010552US1

TITLE:

METHOD, SYSTEM, AND PROGRAM PRODUCTS FOR PROVIDING

INFORMATION ON USERS OF WIRELESS DEVICES IN A DATABASE

TO A PERSONAL INFORMATION MANAGER

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being transmitted through the USPTO EFS-Web system over the Internet on

/David Victor/

David W. Victor

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Examiner:

Applicants petition under 37 CFR 1.313(c)(2) to withdraw the above application from issue. Applicants are filing a Request for Continued Examination in compliance with 37 C.F.R. 1.114(a)(1) and are submitting an Information Disclosure Statement with the Request for Continued Examination under 37 C.F.R. 1.114 (c).

A petition fee under 37 C.F.R. 1.17(i) in the amount of \$130 may be charged to Deposit Account No. 09-0447. If any additional fees are required, please charge Deposit Account No. 09-0447.

The attorney of record invites the Examiner to contact her at (310) 553-7973 if the Examiner believes such contact would advance the prosecution of the case.

Dated: October 18, 2006

/David Victor/

David W. Victor Registration No. 39,867

Konrad Raynes & Victor, LLP 315 South Beverly Drive, Ste. 210 Beverly Hills, CA 90212 Tel: 310-553-7977

Fax: 310-556-7984

Adjustment date: 10/20/2006 CKHLOK 10/19/2006 INTEFSW 00000727 090447 01 FC:1464 130.00 CR

790.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FE	E REFUND			7
1 Date of Request: 10/9-06 2 Serial/Patent # 10/042046				
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
Filing			\$	
Amendment			\$	
Extension of Time		_	\$	1
Notice of Appeal/Appeal			\$	1
Petition		10-18-06	\$ 170	1469
Issue		1/0 18 00	\$] ''
Cert of Correction/Terminal Disc.			\$	7
Maintenance			\$	
Assignment			\$	1
Other RCE		10-18-06	\$ 790	(80)
	7 TOTAL AMOUNT OF REFUND		\$ 920	
	8 TO BE I	REFUNDED B	Y:	1
10 REASON:	Treasury Check			1
Overpayment	Credit Deposit A/C #:			1
Duplicate Payment	, 090447			
No Fee Due (Explanation):				4
				1
				1
				1
11 REFUND REQUESTED BY:				1
TYPED/PRINTED NAME: Karen Creasy	T	ITLE: P	etitions Examiner	
SIGNATURE:				
OFFICE: Petitions				
THIS SPACE RESERVED FOR EXNANCE USE ONLY:				
APPROVED: Child	DATE: _	10/2	20/04	
		, –		1

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B